

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street) 1445 New York Avenue NW
Ste 800
Washington DC 20005

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00359539

3. IS THIS REPORT ☐ NEW (N) OR ☒ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☒ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on / / in the State of

- (d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
POST-Election Report for the:

Election on / / in the State of

5. Covering Period / / 09 01 2012 through / / 09 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Debnar

Signature of Treasurer Steven Debnar [Electronically Filed] Date

/ / 02 20 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		421124.18
(b) Cash on Hand at Beginning of Reporting Period.....	763086.45	
(c) Total Receipts (from Line 19)	24478.48	539627.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	787564.93	960751.25
7. Total Disbursements (from Line 31)	436792.66	609978.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	350772.27	350772.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22073.06	470032.73
(ii) Unitemized	2405.42	69594.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	24478.48	539627.07
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	24478.48	539627.07
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24478.48	539627.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24478.48	539627.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	792.66	12348.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	792.66	12348.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	436000.00	585000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	12630.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	12630.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	436792.66	609978.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	436792.66	609978.98

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	24478.48	539627.07
34. Total Contribution Refunds (from Line 28(d))	0.00	12630.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24478.48	526997.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	792.66	12348.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	792.66	12348.98

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Christine Elizabeth Cabell

Mailing Address 22 Country Club Ln

City

Sugarloaf

State

PA

Zip Code

18249-3716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geisinger Medical Group

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 08 / 2012

Transaction ID : ADFDFE1748E304F139ED

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Clay J. Cockerell

Mailing Address 4312 Arcady Ave

City

Dallas

State

TX

Zip Code

75205-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cockerell & Associates

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

09 / 10 / 2012

Transaction ID : A0B28F503559C4BE0AD3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Anjali H. Singh

Mailing Address 4708 Rue Bordeaux

City

Lutz

State

FL

Zip Code

33558-5366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Aesthetic

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 10 / 2012

Transaction ID : A205B072EA6E540FB981

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Sandra I. Read

Mailing Address 6915 Radnor Rd

City

Bethesda

State

MD

Zip Code

20817-6328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

INVESTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3333.36

Date of Receipt

09 / 10 / 2012

Transaction ID : ABB6598B645614ECEB04

Amount of Each Receipt this Period

555.56

Full Name (Last, First, Middle Initial)

B. Sabra Sullivan

Mailing Address 102 Hidden Hts

City

Ridgeland

State

MS

Zip Code

39157-8626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 10 / 2012

Transaction ID : A790A20A143C243D8973

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Clarence William Brown Jr.

Mailing Address 156 W. Superior St

City

Chicago

State

IL

Zip Code

60654-8764

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Dermatology

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 10 / 2012

Transaction ID : A1967CA8ECB8445EE894

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

705.56

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Scott D. Bennion

Mailing Address 2800 Garden Creek Rd

City

Casper

State

WY

Zip Code

82601-6600

FEC ID number of contributing
federal political committee.

C

Name of Employer

CWSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 10 / 2012

Transaction ID : A06383D99FF6A40DEA41

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Melda A. Isaac

Mailing Address 2435 California St NW

City

Washington

State

DC

Zip Code

20008-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 10 / 2012

Transaction ID : A0DF8F18E7B9247B591F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bruce Ulrich Wintroub

Mailing Address 28 Dunfries Ter

City

San Rafael

State

CA

Zip Code

94901-2416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of California, San Francisco

Occupation

Chair of Dermatology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 10 / 2012

Transaction ID : AB6739B5E9BC04F2E9E6

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Eileen Murray

Mailing Address 400 N. La Salle Dr Apt 2601

City

Chicago

State

IL

Zip Code

60654-8530

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Academy of Dermatology

Occupation

Association Management

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 10 / 2012

Transaction ID : AF48EC65B28FD465EA1F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Loretta M. Ciraldo

Mailing Address 101 W. Dilido Dr

City

Miami Beach

State

FL

Zip Code

33139-1169

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dermatologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 10 / 2012

Transaction ID : AC770DD3B56B949E89F1

Amount of Each Receipt this Period

182.50

Full Name (Last, First, Middle Initial)

C. Victoria Watt Serralta

Mailing Address 3313 Hunter Oaks Ct

City

Mansfield

State

TX

Zip Code

76063-7516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology & Cutaneous Surgery

Occupation

Dermatologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 10 / 2012

Transaction ID : A447523761CD648AC91C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

682.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Payam Tristani-Firouzi

Mailing Address 1370 Ambassador Way

City

Salt Lake City

State

UT

Zip Code

84108-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah School of Medicine

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 10 / 2012

Transaction ID : A82630BE93FDD4FE0860

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Daniel M. Siegel

Mailing Address 33 Hitherbrook Rd

City

Saint James

State

NY

Zip Code

11780-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer

LI Skin Cancer

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

09 / 10 / 2012

Transaction ID : A15BAA40AE9E846C18B3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Susan Lynn Journagan

Mailing Address 560 Purdue Ave

City

Saint Louis

State

MO

Zip Code

63130-4132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gregory and Associates Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 10 / 2012

Transaction ID : A9D4B3D8482BF4D30AF2

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Elizabeth Shannon Martin

Mailing Address 861 Tulip Poplar Dr

City

Hoover

State

AL

Zip Code

35244-1639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health Systems

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 10 / 2012

Transaction ID : A40220647DE114F458E5

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Hazle Smith Konerding

Mailing Address 205 Cyril Ln

City

Henrico

State

VA

Zip Code

23229-7740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Commonwealth Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

09 / 10 / 2012

Transaction ID : A697B3A1C42CE4B88A8D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Paul E. English

Mailing Address 11215 S 163rd St

City

Gilbert

State

AZ

Zip Code

85296-9416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 10 / 2012

Transaction ID : A0E6D0FB543994BCB915

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Ricardo A. Romagosa

Mailing Address 116 S. Shore Rd

City
Stuart

State
FL

Zip Code
34994-9134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Romagosa Dermatology Group, LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 10 / 2012

Transaction ID : A2E1F809D1D9C4855924

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Mitchell E. Schwartz

Mailing Address 20 Hall Rd

City

South Hero

State

VT

Zip Code

05486-4700

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2012

Transaction ID : AAE202AF2EE8949B79A8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Deborah Zell

Mailing Address 12658 N. 98th Place

City

Scottsdale

State

AZ

Zip Code

85260-4685

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Valley Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2012

Transaction ID : A8CE4FD68A19C475E9C6

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

540.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Patricia A. Dickerson

Mailing Address 1299 E. Alex Bell Rd

City

Dayton

State

OH

Zip Code

45459-2658

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology & Aesthetic Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 11 / 2012

Transaction ID : AA339F01D73484208A4A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Nina Myerson Fisher

Mailing Address 6416 Crane Ter

City

Bethesda

State

MD

Zip Code

20817-3139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology Associates of McLean

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 11 / 2012

Transaction ID : AFAE2FAB30EF548A98A6

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Jennifer A. Palmer

Mailing Address 101 Pike Ct

City

Pella

State

IA

Zip Code

50219-7517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Dermatology Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 11 / 2012

Transaction ID : A0F0C0198734F4C3DA17

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Michael E. Berman

Mailing Address 1600 Johnson St

City

Key West

State

FL

Zip Code

33040-4930

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : A3AF60242BE7646EB1A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Philip E. Leboit

Mailing Address 90 Overhill Rd

City

Orinda

State

CA

Zip Code

94563-3131

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCSF Dermatopathology

Occupation

Dermatologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : A211A0ED028D14BA9B87

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Debra L. Pruzan

Mailing Address 9 Indian Head Rd

City

Riverside

State

CT

Zip Code

06878-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : A40C3972E873248F4B8C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

865.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Carrie L. Davis

Mailing Address 4482 S Lake Monroe Dr

City

Bloomington

State

IN

Zip Code

47401-9263

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology Center of Southern Indiana

Occupation

Dermatologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

Transaction ID : A15B68ED031B040B5A0D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Susan C. Sanders

Mailing Address 19324 River Crossing Blvd

City

Davidson

State

NC

Zip Code

28036-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology Group of the Carolinas

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

Transaction ID : A41DDE19B02E64E4896A

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

c. John Q. Binhlam

Mailing Address 5158 Remington Dr

City

Brentwood

State

TN

Zip Code

37027-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Skin & Laser Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

Transaction ID : A483D0B84C90840878C6

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1900.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 56
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Jack S. Resneck Jr.

Mailing Address 312 H Street

City State Zip Code
 San Rafael CA 94901-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UCSF School of Medicine

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 13 / 2012

Transaction ID : A42A8911D1AA6441AB08

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. Linda Susan Marcus

Mailing Address 436 William Way N

City State Zip Code
 Wyckoff NJ 07481-1710

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

09 / 13 / 2012

Transaction ID : A0B768CEFB6964EDAB6A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kristin W. Smallwood

Mailing Address 1980 N. Atlantic Ave Suite 722

City State Zip Code
 Cocoa Beach FL 32931-3275

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 13 / 2012

Transaction ID : AAF1DE829BA0C41F5A08

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

975.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. George J. Hruza

Mailing Address 6 Ames Place Dr

City

Saint Louis

State

MO

Zip Code

63124-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer

Laser and Dermatologic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2012

Transaction ID : A2A16A7AA361147EF988

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. George R. Woodbury Jr.

Mailing Address 2118 Kirby Rd

City

Memphis

State

TN

Zip Code

38119-5510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rheumatology and Dermatology Associate

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2012

Transaction ID : A23537BB223E14BD2ACF

Amount of Each Receipt this Period

2750.00

Full Name (Last, First, Middle Initial)

C. Kalyne Harris

Mailing Address 307 Winther Blvd

City

Nampa

State

ID

Zip Code

83651-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saltzer Med Group

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2012

Transaction ID : A1553A1F5EF4142DE843

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

3175.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Stepen Weis

Mailing Address 721 Oakmont Ln N

City

Fort Worth

State

TX

Zip Code

76112-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 13 / 2012

Transaction ID : A78F02910BE01488D8B1

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Julie Countess

Mailing Address 3103 Village Dr

City

Mount Juliet

State

TN

Zip Code

37122-8453

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cumberland Skin Surgery and Dermatolog

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 13 / 2012

Transaction ID : A07051B0888FB43179A7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. David Gerstein

Mailing Address 8801 N Meridian St
Ste 107

City

Indianapolis

State

IN

Zip Code

46260-2353

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 13 / 2012

Transaction ID : AFD9A2CD7BBD341A0AE2

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Tanya Ermolovich

Mailing Address 2333 Westminster Dr

City

Emmaus

State

PA

Zip Code

18049-4752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 17 / 2012

Transaction ID : ABFAA609A227F40C39E8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Stephen Roger Marshall

Mailing Address 2507 N Meadow Lake Dr

City

Hutchinson

State

KS

Zip Code

67502-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 17 / 2012

Transaction ID : A9F29ACD9E41443A1B86

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Victor Allen Neel

Mailing Address 52 Paterson St

City

Providence

State

RI

Zip Code

02906-5540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts General Hospital

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 18 / 2012

Transaction ID : ADA461BC074A046DB95C

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. J. Brewster Caldwell

Mailing Address 2770 Thornton Rd

City

Tallahassee

State

FL

Zip Code

32308-6027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology Advanced Care

Occupation

Dermatologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 18 / 2012

Transaction ID : A4BB136ABC6914721BFE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sharleen St. Surin-Lord

Mailing Address PO Box 7224

City

Upper Marlboro

State

MD

Zip Code

20792-7224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comp Health

Occupation

Dermatologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

09 / 20 / 2012

Transaction ID : A22A91E08162346DF9B7

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

C. Leah Press

Mailing Address 1340 W. Herndon Ave Suite 101

City

Fresno

State

CA

Zip Code

93711-7180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Minarets Medical Group, Inc.

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 20 / 2012

Transaction ID : A4602865A6B4444459F4

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. John S. Pujals

Mailing Address 1135 Pendleton Rd

City

Neenah

State

WI

Zip Code

54956-4465

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dermatology Associates of Wisconsin, S

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 21 / 2012

Transaction ID : A4F7644AB343F42BEA4F

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Kurt Karl Mueller

Mailing Address W5249 Knobloch Rd

City

La Crosse

State

WI

Zip Code

54601-2461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gundersen Lutheran Onalaska

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2012

Transaction ID : A09F595DA73A84E9F8C3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert S. Kirsner

Mailing Address 5821 SW 132nd Ter

City

Miami

State

FL

Zip Code

33156-7266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Miami/Dept. of Derm & Cutaneous

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2012

Transaction ID : A1214F259CEC441AE8B8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Seemal Desai

Mailing Address 4047 Glenhurst Ln

City State Zip Code
 Frisco TX 75033-0129

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Innovative Dermatology, PA

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

09 / 26 / 2012

Transaction ID : A111CEE1819C446D7A7B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Keith Loven

Mailing Address 111 Inverness Ct

City State Zip Code
 Hendersonville TN 37075-4575

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Rivergate Dermatology

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 26 / 2012

Transaction ID : ACA6C1796BF5E4A34962

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Tho Q. Nguyen

Mailing Address 3912 Hillwood Way

City State Zip Code
 Bedford TX 76021-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer
 N.E. Tarrant Dermatology

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 28 / 2012

Transaction ID : A1722B07235A3480A84A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Barbara Greenan

Mailing Address 1445 New York Ave NW Suite 800

City

Washington

State

DC

Zip Code

20005-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Academy of Dermatology

Occupation

Association Management

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2012

Transaction ID : AFDC0F02B83384AD98E2

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Yolanda Rosi Helfrich

Mailing Address 3100 Pittsview Dr

City

Ann Arbor

State

MI

Zip Code

48108-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Dermatologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2012

Transaction ID : AA5CD7DAEB3A3489997A

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Diane M. Bernardi

Mailing Address 12277 County Road E35

City

Bryan

State

OH

Zip Code

43506-8309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkview Health Montpelier Clinic

Occupation

Dermatologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2012

Transaction ID : AD76880CFB4064EFEB47

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

275.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Kay A. Johnston

Mailing Address 606 Ashford Dr

City

San Angelo

State

TX

Zip Code

76901-5201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bel-Ami Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2012

Transaction ID : AAAAB24C0905D438E880

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

22073.06

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

American Academy of Dermatology Association Political Action Committee (SkinPAC)



357.01

Category/
Type

09 / 03 / 2012

147.50

Category/
Type

Three digital displays are shown, each with a date format. The first display shows '09' with two small squares above it. The second display shows '04' with two small squares above it. The third display shows '2012' with four small squares above it.

Age Group	Percentage
18-24	288.15
25-34	~15
35-44	~10
45-54	~10
55-64	~10
65-74	~10
75-84	~10
85+	~10

Category/
Type

792.66

792.66

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Upton for All of Us

Mailing Address PO Box 490

City	State	Zip Code
St. Joseph	MI	49085

Purpose of Disbursement

Candidate Name

Rep. Fred Upton

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MI District: 06

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2012

Transaction ID : B6A854E54B25C4545825

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Cantor for Congress

Mailing Address PO Box 17813

City	State	Zip Code
Richmond	VA	23226

Purpose of Disbursement

Candidate Name

Rep. Eric Cantor

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: VA District: 07

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2012

Transaction ID : B81B34F7546A749F38C3

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City	State	Zip Code
LOUISVILLE	KY	40201

Purpose of Disbursement

Candidate Name

Sen. Mitch McConnell

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: KY District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : B4D5B8D4198244174984

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Matheson for CongressMailing Address PO Box 521048
Suite A

City Salt Lake City State UT Zip Code 84152-1048

Purpose of Disbursement

Candidate Name

Rep. Jim D. MathesonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : B3E58FF6ED9D94DB680B

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Brian Bilbray for CongressMailing Address 991C Lomas Santa Fe Drive
192

City Solana Beach State CA Zip Code 92075-2125

Purpose of Disbursement

Candidate Name

Rep. Brian P. BilbrayOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 50

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : B719DC5EB677D45ED912

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement

Candidate Name

Rep. Kevin BradyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : BDE67A82E100445A0AC9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Rogers for Congress

Mailing Address PO Box 581

Post Office Box 581

City

Brighton

State

MI

Zip Code

48116

Purpose of Disbursement

Candidate Name

Rep. Mike J. Rogers

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2012

☐ Primary☒ General☐ Other (specify) ▼

State: MI

District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : B5B59679393764513B2D

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. DAVE CAMP FOR CONGRESS

Mailing Address 5915 EASTMAN ROAD SUITE 100

City

MIDLAND

State

MI

Zip Code

48640

Purpose of Disbursement

Candidate Name

Rep. Dave Camp

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2012

☐ Primary☒ General☐ Other (specify) ▼

State: MI

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : B71DE751BC2244F98BF5

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS

Mailing Address 228 S. Washington Street

Suite 115

City

Alexandria

State

VA

Zip Code

22314

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2012

☐ Primary☐ General☒ Other (specify) ▼

State:

District:

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2012

Transaction ID : B20656772BC9946A9B1E

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Blumenauer for Congress

Mailing Address 830 NE HOLLADAY, #105

City	State	Zip Code
Portland	OR	97232-5105

Purpose of Disbursement

Candidate Name

Rep. Earl Blumenauer

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OR District: 03

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : B8B7C6981F67440A5BDB

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Bass Victory Committee

Mailing Address PO Box 3451

City	State	Zip Code
Concord	NH	03302-3451

Purpose of Disbursement

Candidate Name

Rep. Charles F. Bass

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NH District: 02

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : B99AAA52BA06E48ACBE1

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Roskam for Congress

Mailing Address P. O. BOX 713

City	State	Zip Code
Wheaton	IL	60187

Purpose of Disbursement

Candidate Name

Rep. Peter J. Roskam

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 06

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : B470CC04D30F94612A9E

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Larson for Congress

Mailing Address 29 Ruff Circle

City	State	Zip Code
Glastonbury	CT	06033-1437

Purpose of Disbursement

Candidate Name

Rep. John B. Larson

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CT District: 01

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2012

Transaction ID : B771CB0497DBD4043AF7

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address BOX 137

City	State	Zip Code
SPOKANE	WA	99210

Purpose of Disbursement

Candidate Name

Rep. Cathy Mcmorris Rodgers

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: WA District: 05

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : BF234624D88D0443CA6A

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Nancy Pelosi for CongressMailing Address 607 14th Street, NW
Suite 800

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement

Candidate Name

Rep. Nancy Pelosi

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 08

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2012

Transaction ID : B74D9287428814C18B4D

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Friends of Dick Durbin Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Mailing Address PO Box 1949

City	State	Zip Code
Springfield	IL	62705-1949

Purpose of Disbursement

Transaction ID : B99AEED8C391743719F9

Amount of Each Disbursement this Period

5000.00

Candidate Name

Sen. Dick DurbinCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District:

Full Name (Last, First, Middle Initial)

B. Levin for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Mailing Address PO BOX 37

City	State	Zip Code
Roseville	MI	48066

Purpose of Disbursement

Transaction ID : B91D4F0F23A474C66ADC

Amount of Each Disbursement this Period

5000.00

Candidate Name

Rep. Sandy LevinCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MI District: 12

Full Name (Last, First, Middle Initial)

C. Bluegrass Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Mailing Address 400 N Capitol St NW #585
#585

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement

Transaction ID : B413927B5515549DBA4C

Amount of Each Disbursement this Period

5000.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: District: Other2012

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Charles Boustany Jr. Md for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598

Transaction ID : BAD2D4E5BE36A4667905

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Rep. Charles W. Boustany Jr.Category/
Type

2500.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: LA District: 07

Full Name (Last, First, Middle Initial)

B. Price for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Mailing Address PO Box 425

City	State	Zip Code
Roswell	GA	30077

Transaction ID : B4405AFA47DC54F10928

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Rep. Tom PriceCategory/
Type

5000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District: 06

Full Name (Last, First, Middle Initial)

C. Lee Terry for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Mailing Address PO Box 540098

City	State	Zip Code
Omaha	NE	68154-0098

Transaction ID : BC0A5EAF91F7A46F48C2

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Rep. Lee TerryCategory/
Type

5000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NE District: 02

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. BOB LATTA FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Mailing Address 300 NORTH MAIN STREET

Transaction ID : B15A1F15F7547416D9D3

City	State	Zip Code
BOWLING GREEN	OH	43402

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Candidate Name

Rep. Robert Edward LattaCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 05

Full Name (Last, First, Middle Initial)

B. JIM GERLACH FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Mailing Address PO Box 87

Transaction ID : B41FEEA1E1DE54D3BA63

City	State	Zip Code
Uwchland	PA	19480

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Candidate Name

Rep. Jim GerlachCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 06

Full Name (Last, First, Middle Initial)

C. Schock for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Mailing Address PO Box 10555

Transaction ID : BF329C0E8211B4960A4D

City	State	Zip Code
Peoria	IL	61612

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Candidate Name

Rep. Aaron SchockCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 18

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Pallone for Congress

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement

Candidate Name

Rep. Frank Pallone Jr.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NJ District: 06

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : BC7F33C89E9454899ADC

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. ADRIAN SMITH FOR CONGRESSMailing Address 3321 AVENUE I
SUITE 6

City	State	Zip Code
SCOTTSBLUFF	NE	69361

Purpose of Disbursement

Candidate Name

Rep. Adrian M. Smith

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NE District: 03

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : B9794FBC0964A4A57BFB

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Voice for Freedom

Mailing Address 2814 Spring Road, Ste. 103

City	State	Zip Code
Atlanta	GA	30339

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : B6BD351AD6200432B827

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Guthrie for Congress

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement

Candidate Name

Rep. Steven Brett Guthrie

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: KY District: 02

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : BBD61E7EB2C1142DC83A

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Sam Johnson

Mailing Address PO Box 860096

City	State	Zip Code
Plano	TX	75086

Purpose of Disbursement

Candidate Name

Rep. Sam Johnson

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TX District: 03

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : BE94B5D160CC640D481C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESSMailing Address 2931 E DUBLIN GRANVILLE ROAD
SUITE 190

City	State	Zip Code
COLUMBUS	OH	43231

Purpose of Disbursement

Candidate Name

Rep. Patrick J. Tiberi

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OH District: 12

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : B3FD177383E2A4072B64

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Hoyer for CongressMailing Address 607 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Rep. Steny H. HoyerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2012

Transaction ID : B0ED24BDFAE4F4745BBF

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. LYNN JENKINS FOR CONGRESS

Mailing Address PO BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement

Candidate Name

Rep. Lynn JenkinsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : B09F495AB25D14D3481F

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends for Harry Reid

Mailing Address PO Box 19163

City Las Vegas State NV Zip Code 89132

Purpose of Disbursement

Candidate Name

Sen. Harry ReidOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : B6E46A5ABD60A4CA6A95

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Walden for Congress

Mailing Address PO Box 1091

City

Hood River

State

OR

Zip Code

97031-0037

Purpose of Disbursement

Candidate Name

Rep. Greg Walden

Office Sought:

☒

House

☐

Senate

☐

President

State: OR

District: 02

Disbursement For: 2012

☐

Primary

☒

General

☐

Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : BBF7482D3445E4067AC6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Stabenow for Us Senate

Mailing Address PO Box 4945

City

East Lansing

State

MI

Zip Code

48826

Purpose of Disbursement

Candidate Name

Sen. Debbie A. Stabenow

Office Sought:

☐

House

☒

Senate

☐

President

State: MI

District:

Disbursement For: 2012

☐

Primary

☒

General

☐

Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : BD7A5F311A5FE4FA29F0

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Kevin McCarthy for Congress

Mailing Address PO Box 12667

City

Bakersfield

State

CA

Zip Code

93389

Purpose of Disbursement

Candidate Name

Rep. Kevin Mccarthy

Office Sought:

☒

House

☐

Senate

☐

President

State: CA

District: 22

Disbursement For: 2012

☐

Primary

☒

General

☐

Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2012

Transaction ID : B8DD36D2D77C6474A8B3

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Friends of Jim Clyburn

Mailing Address PO Box 12567

City	State	Zip Code
Columbia	SC	29211

Purpose of Disbursement

Candidate Name

Rep. James E. Clyburn

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : B3B68E6E8029B49E8A42

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ERIK PAULSENMailing Address P.O. BOX 44369
250 PRAIRIE CENTER DRIVE

City	State	Zip Code
EDEN PRAIRIE	MN	55344

Purpose of Disbursement

Candidate Name

Rep. Erik Paulsen

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : B46376EC41F454A1CB72

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd. #1612

City	State	Zip Code
Los Angeles	CA	90048-5018

Purpose of Disbursement

Candidate Name

Rep. Henry A. Waxman

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : B4F38D63AA25F4ECF9BA

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

PAGE 39 OF 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. POMPEO FOR CONGRESS INC

Mailing Address PO BOX 780146

City
WICHITAState
KSZip Code
67212

Purpose of Disbursement

Candidate Name

Rep. Mike PompeoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : BD38F941305B1401F8D8

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Citizens for Harkin

Mailing Address PO Box 811

City
Des MoinesState
IAZip Code
50304

Purpose of Disbursement

Candidate Name

Sen. Tom HarkinOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : B3445AAA47D2448ECBD5

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Pete Stark Re-Election Committee

Mailing Address PO Box 8331

City
FremontState
CAZip Code
94537

Purpose of Disbursement

Candidate Name

Rep. Pete StarkOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : B4D22653DD11A4CA68E0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Mike Thompson for Congress

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement

Candidate Name

Rep. Mike C. Thompson

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 01

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : B1A3A6FF92C23418991C

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Pascrell for Congress Inc.

Mailing Address POB 640

City	State	Zip Code
Totowa	NJ	07511

Purpose of Disbursement

Candidate Name

Rep. Bill Pascrell Jr.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NJ District: 08

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : BD4A6F834D22F4992B52

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. John Lewis for Congress

Mailing Address PO Box 2323

City	State	Zip Code
Atlanta	GA	30301

Purpose of Disbursement

Candidate Name

Rep. John Lewis

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: GA District: 05

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : B180FA33318514769BD3

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

14000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. BOX 48928

City
SARASOTAState
FLZip Code
34230

Purpose of Disbursement

Candidate Name

Rep. Vern Buchanan

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : B6D8F5F1194344BDE989

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Lois Capps

Mailing Address PO Box 23940

City
Santa BarbaraState
CAZip Code
93121

Purpose of Disbursement

Candidate Name

Rep. Lois Capps

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : BB7DB89271D03490D8F4

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN BARROW

Mailing Address PO BOX 1001

City
AUGUSTAState
GAZip Code
30903

Purpose of Disbursement

Candidate Name

Rep. John Barrow

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : B824C09443AD74EA1AB9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

12500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Majority Committee PAC - MC PAC

Mailing Address P.O. Box 10134

City	State	Zip Code
Bakersfield	CA	93389

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2012

Transaction ID : BCD746B9FBCF0432B89A

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Joe Pitts

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement

Candidate Name

Rep. Joe R. Pitts

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: PA District: 16

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : BC9C97810752A48A9BC9

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. SCALISE FOR CONGRESS

Mailing Address PO BOX 23219

City	State	Zip Code
JEFFERSON	LA	70183

Purpose of Disbursement

Candidate Name

Rep. Steve Scalise

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: LA District: 01

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : B0A02E7ECF61643C7A4C

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Gingrey for Congress

Mailing Address PO Box U

City	State	Zip Code
Marietta	GA	30060

Purpose of Disbursement

Candidate Name

Rep. Phil Gingrey

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: GA District: 11

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : B2D4CF2A40B0947429A3

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Rosa DeLauro

Mailing Address 12 Trumbull Street

City	State	Zip Code
New Haven	CT	06511

Purpose of Disbursement

Candidate Name

Rep. Rosa L. DeLauro

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CT District: 03

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : B66D68FFFD7F945BEB3F

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends of Orrin Hatch Committee Inc

Mailing Address 257 E 200 S Suite 950

City	State	Zip Code
Salt Lake City	UT	84111-2048

Purpose of Disbursement

Candidate Name

Sen. Orrin G. Hatch

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: UT District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : B90E8E7EFDA0C4232A23

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. BUILDING RELATIONSHIPS IN DIVERSE GEOGRAPHIC ENVIRONMENTS PAC (BRIDGE PAC)

Mailing Address 499 SOUTH CAPITOL ST SW SUITE 422

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : B7E03E19D09274DB9B77

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Ameripac: the Fund for a Greater America

Mailing Address 607 14th Street, NW, Suite 800

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2012

Transaction ID : B1167AB69DCF84C0385A

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. GRASSROOTS ORGANIZING ACTING & LEADING PAC - GOALPAC

Mailing Address PO BOX 30344

City	State	Zip Code
BETHESDA	MD	20824

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : BEEF9DF163B7C4316ADE

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. MADISON PAC; THE

Mailing Address 235 STATE STREET #206

City	State	Zip Code
SPRINGFIELD	MA	01103

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : B8A60091ACFE9413A9AD

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. PRAIRIE POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 2002

City	State	Zip Code
SPRINGFIELD	IL	62705

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : BDE110D4E4B524D5D9A0

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. LEADERSHIP FOR AMERICA TODAY TOMORROW AND ALWAYS PAC

Mailing Address 9856 ARCHER LANE

City	State	Zip Code
DUBLIN	OH	43017

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : BCBAC20640204B1A936

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. IMPACTMailing Address 192 LEXINGTON AVE.
SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : BB6A15C3D271142D193A

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. America's Leadership Pac

Mailing Address 607 14th Street, NW, Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : B62EAB724E1EF4D7EB73

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Pac To the FutureMailing Address 607 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2012

Transaction ID : B0B95600DC1D24A23BF6

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Shore Pac

Mailing Address PO Box 3157

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		25		2012

Transaction ID : B5A310085CC4B43218E6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)Mailing Address 5915 EASTMAN AVENUE
SUITE 100

City	State	Zip Code
MIDLAND	MI	48640

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		25		2012

Transaction ID : BF1B7192BDFEF4C3A8C3

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City	State	Zip Code
SPRINGFIELD	VA	22152

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		25		2012

Transaction ID : BFFE7F171F4B047F88BC

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. GOP GENERATION Y FUND

Mailing Address PO BOX 9055

City	State	Zip Code
PEORIA	IL	61612

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

Transaction ID : B11EE81B2D2B04CD994F

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. ATHENA PAC

Mailing Address 301 W PLATT ST #385

City	State	Zip Code
TAMPA	FL	33606

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : B7DF9009DC86C484FA0C

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PRESERVING AMERICA'S TRADITIONS (PATPAC)

Mailing Address 610 S. BOULEVARD

City	State	Zip Code
TAMPA	FL	33606

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : B6B2C09D4CCCC49B6A77

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. TO ORGANIZE A MAJORITY PAC (TOMPAC)

Mailing Address P.O. BOX 752

City	State	Zip Code
DES MOINES	IA	50303

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : B0CA73AFA95AE4440968

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. VOTE TO ELECT REPUBLICANS NOW PAC (VERN PAC)

Mailing Address 22780 INDIAN CREEK DRIVE, STE 100

City	State	Zip Code
DULLES	VA	20166

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : BE750D05129314973A16

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MAJORITY INITIATIVE TO KEEP ELECTING REPUBLICANS FUND A.K.A MIKE R FUND

Mailing Address PO BOX 2485

City	State	Zip Code
SPRINGFIELD	VA	22152

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : B6D19CF1492CA4254B59

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. SILK PAC

City	State	Zip Code
CALDWELL	NJ	07006

Transaction ID : B0AEFDF74BBF44CB7901

5000.00

Category/
Type

Disbursement For: 2012

☐ Primary ☐ General

☒ Other (specify) ▼

Other2012

B. TEXAS 150 FUND

MM / DD / YYYY

City	State	Zip Code
SPRINGFIELD	VA	22152

Transaction ID : BC490FEA7959C4FC9AC8

5000.00

Category/
Type

Disbursement For: 2012

☐ Primary ☐ General

☒ Other (specify) ▼

Other2012

C. Doc Pac

09 / 25 / 2012

City	State	Zip Code
Athens	GA	30601

Transaction ID : B932FD3FB87FC47A5AB3

5000.00

Category/
Type

Disbursement For: 2012

☐ Primary ☐ General

☒ Other (specify) ▼

Other2012

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

15000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Mailing Address P. O. BOX 1011

City	State	Zip Code
WHEATON	IL	60187

Transaction ID : BAD8912D85FC747BEA1A

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Other2012

Full Name (Last, First, Middle Initial)

B. JOEPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Mailing Address 223 W FRANKLIN ST

City	State	Zip Code
EPHRATA	PA	17522

Transaction ID : B316DF7019897427D977

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Other2012

Full Name (Last, First, Middle Initial)

C. LEAD YOUR NATION NOW PAC (LYNN PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Mailing Address P.O. BOX 1872

City	State	Zip Code
TOPEKA	KS	66601

Transaction ID : BB68DC24DCB7742A7912

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Other2012

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. TRUTH ACCOUNTABILITY AND COURAGE POLITICAL ACTION COMMITTEE (TACPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Mailing Address 228 S WASHINGTON ST STE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Transaction ID : B0D94C18BEBAD499EB0C

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2012

Full Name (Last, First, Middle Initial)

B. ORRINPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Mailing Address PO BOX 900427

City	State	Zip Code
SANDY	UT	84090

Transaction ID : B5BAD3FBE1489432F8E9

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2012

Full Name (Last, First, Middle Initial)

C. Committee for the Preservation of Capitalism (CPC), the

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Mailing Address PO Box 65314

City	State	Zip Code
Washington	DC	20036

Transaction ID : BF26508D393F34C799EC

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2012

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. SEARCHLIGHT LEADERSHIP FUNDMailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
Other2012

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	25	/	2012

Transaction ID : BE09B01932F434DC386F

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Victory in November Election Pac (VINEPAC)Mailing Address 607 14th Street, NW, Suite 800
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
Other2012

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	25	/	2012

Transaction ID : B11FFE0AA59C84371B4F

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. L.A. P.A.C.

Mailing Address 6380 WILSHIRE BLVD., #1612

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
Other2012

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	25	/	2012

Transaction ID : B042F8594F862455E80F

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. RIPTIDE POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Mailing Address 7185 NAVAJO ROAD, SUITE P

Transaction ID : BB9741B8CF2EF404E9C4

City	State	Zip Code
SAN DIEGO	CA	92119

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2012

Full Name (Last, First, Middle Initial)

B. SYNERGY PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2012

Mailing Address 6849 OLD DOMINION DRIVE
SUITE 222**Transaction ID : BD9B47CE466FA4B008A4**

City	State	Zip Code
MCLEAN	VA	22101

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2012

Full Name (Last, First, Middle Initial)

C. NEW PIONEERS PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Mailing Address 228 S WASHINGTON ST STE 115

Transaction ID : BC0481E252A7641E09B2

City	State	Zip Code
ALEXANDRIA	VA	22314

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2012

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. ICE PAC

Mailing Address PO BOX 752

City	State	Zip Code
LONG LAKE	MN	55356

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : BAAD682F4BB554FF986F

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. SKIPAC

Mailing Address PO BOX 83142

City	State	Zip Code
GAITHERSBURG	MD	20883

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : B2EA13AA010C44E87836

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

10000.00

436000.00
